

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**VOLUNTARY DISSOLUTION  
BY INCORPORATORS**

\_\_\_\_\_  
(Name of Corporation)

**Filing Fee \$10.00**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [13-B MRSA §1101-A](#), the undersigned corporation adopts the following Voluntary Dissolution by Incorporators for the purpose of dissolving the corporation.

**FIRST:** The filing date of its articles of incorporation was \_\_\_\_\_.

**SECOND:** The corporation has not carried on activities.

**THIRD:** No debts of the corporation remain unpaid.

**FOURTH:** A majority of the incorporators consent to the dissolution of the corporation.

**FIFTH:** All required Annual Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Annual Report covering the previous calendar year is not required.)

**SIXTH:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**DATED** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(incorporator)

\_\_\_\_\_  
(type or print name and capacity)

**\*By** \_\_\_\_\_  
(incorporator)

\_\_\_\_\_  
(type or print name and capacity)

**\*By** \_\_\_\_\_  
(incorporator)

\_\_\_\_\_  
(type or print name and capacity)

---

\*This document **MUST** be signed by a majority of the **incorporators**.

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**